

# **INFECTION CONTROL IN DENTAL FACILITIES IN INDIANA**

## **Slide 1 – Welcome**

Welcome to the Indiana State Department of Health, Oral Health Program, training in Infection Control in Dental Facilities in Indiana.

## **Slide 2 - Contents**

The subjects covered in this course will include:

Introduction

Regulating Authorities

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- PPE and handwashing

- Work areas

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## Slide 5 - Introduction

This is a general summary of the Regulating Authorities and their Guidelines, Laws, and Rules and Regulations governing the control of communicable diseases.

**This information is provided for educational purposes only.**

The Oral Health Program at the Indiana State Department of Health cannot provide legal opinions on the interpretation of guidelines, laws, and/or rules and regulations, and all dental professionals are responsible for understanding and applying these as they pertain to the practice of dentistry in Indiana.

## Slide 6 – Disclaimer

### **ISDH Oral Health Program Disclaimer for courses or presentations:**

The information provided in this course or presentation does not, and is not intended to, constitute dental, medical, or legal advice; instead, all information, content, and materials available in this course or presentation are for general informational purposes only. You should contact an outside dentist, physician, or attorney to obtain dental, medical, or legal advice and prior to acting, or refraining from acting, on the basis of information contained in this course or presentation.

All liability with respect to actions taken or not taken based on the contents of this course or presentation are hereby expressly disclaimed.

## Slide 7 – Regulating Authorities

The Regulating Authorities referenced in this section are:

**The Indiana Code (IC)**, Title 16, Article 41 which includes laws to prevent and control communicable disease.

1. Chapter 11 covers Universal Precautions.

2. Chapter 16 covers the treatment of Infectious Waste.

**The Indiana Administrative Code (IAC)**, Title 410 which includes the rules and regulations pertaining to the activities of the Indiana State Department of Health to prevent and control **communicable disease**.

1. Rule 4 covers **Universal Precautions**.
2. Rule 3 covers **Infectious Waste**.

These two rules establish specific activities with which dental facilities must comply and delineates the responsibilities of the Indiana State Department of Health to help insure this compliance.

### Slide 8– Regulating Authorities

**The Centers for Disease Control and Prevention (CDC)** uses the term “**Infection Control**” for dental health-care settings, publishes guidelines pertaining to Infection Control, and refers to a large range of activities designed to prevent the spread of infection or diseases.

- ✓ Pertinent activities for dental facilities to prevent spread of infection among health care providers, patients, and the general public are found in:
  1. The use of **Universal Precautions**, also referred to as **Standard of Care**, is used to prevent the spread of infection among health-care providers and patients.
  2. **Infectious Waste** guidelines are used in the handling, treatment, and disposal of waste to prevent the spread of infection among health-care providers, patients, and the general public.

### Slide 9 – Regulating Authorities

**Occupational Safety & Health Administration (OSHA)**:

**Indiana Occupational Safety & Health Administration (IOSHA)** is the state agency with rules and regulations equivalent to federal OSHA.

OSHA/IOSHA establish rules and regulations regarding occupational exposure to blood, blood borne pathogens, and **Other Potentially Infectious Materials** (or OPIM).

The main focus of **OSHA** and **IOSHA** is the safety and health of **current employees**.

### Slide 10 – Regulating Authorities

Often times the laws, and rules and/or regulations overlap between these governmental agencies.

The Oral Health Program focuses on complaints alleging violations of Universal Precautions in dental facilities in Indiana.

IOSHA focuses on complaints by employees alleging violations of IOSHA rules pertaining to the occupation safety and health of employees.

### Slide 11 – Universal Precautions

This is a general summary of laws, rules and regulations, and guidelines that govern Universal Precautions in dental facilities and is intended for educational purposes only.

**Title 410 of the Indiana Administrative Code, Article 1, Rule 4**, gains authority from laws contained in the Indiana Code, Title 16, Article 41, Chapter 11.

\*\*\*Note: The CDC provides guidelines pertaining to infection control in dental facilities that are helpful for clarifying the responsibilities of a dentist/dental facility under 410 IAC 1-4.

### Slide 12 – Universal Precautions - PPE and Handwashing

**Remember, all dental patients are to be treated as if they have an infectious disease.**

#### PPE Personal Protective Equipment

**Class I and II employees**, which are dentists, dental hygienists, dental assistants and dental lab technicians, **must** use PPE.

PPE must be provided by the employer at no cost to the employee; this includes gloves, safety glasses, face masks and protective clothing.

**Class III employees** are exempt unless they have been cross-trained to work in the clinic area.

#### Hand Washing

Sinks and running water must be available for employees to wash hands.

Wash hands using soap and water or alcohol rubs before and after removal of gloves and protective clothing.

Handwashing using soap and water is required after contact with visible blood or OPIM.

### Slide 13 – Universal Precautions - PPE for Clinical Staff

Gloves and masks are single use and must be disposed after each patient.

Eye protection, if non-disposable, should be disinfected between patients.

Protective clothing (gowns) are not to be worn out of the work area.  
If protective clothing is non-disposable, the employer is responsible for the laundering.  
Protective clothing should be changed daily or sooner if blood or OPIM is visible.

#### Slide 14 – Universal Precautions - Patients

Patients should be provided protective eyewear.

This is to protect patient from splatter/debris generated during the dental procedure.

Patient can decline if they understand and assume the risks.

#### Slide 15 – Universal Precautions - Work Areas

There are some **restrictions for work areas** with exposure to blood or OPIM.

Employees cannot eat, drink, apply lip balm, or handle contact lenses in an area where there is blood or OPIM.

Storing clinical supplies and food and drinks in the same refrigerator is discouraged.  
However, if there is only one refrigerator in the dental office, then clinical supplies must be isolated from food and drinks and the area must be labeled.

#### Slide 16 – Universal Precautions - Disinfection and Disposable Barriers

**Disinfection/Protection** of equipment and surfaces not requiring sterilization may be done by using:

- 1) Disinfect with EPA registered germicide that must be a hospital disinfectant and labeled tuberculocidal,
- 2) Disinfect with registered germicide that must have specific inactivation claims against HIV/AIDS and Hepatitis B,
- 3) Disinfect with sodium hypochlorite solution, dated with new solution every 24 hours
- 4) Disposable barriers to protect exposed surfaces, not able to be disinfected.

Note: It is important to note that disinfection is a two-step process, including **cleaning** and then **disinfection**.

### Slide 17 – Heat Sterilization

Sterilization of heat stable non-disposable items, such as instruments, equipment, etc., requiring sterilization should be done with heating procedures capable of sterilization for such items.

This is referred to as **heat sterilization**.

This process includes proper **handling, cleaning, sterilization, and storage** of instruments, equipment, and other patient care items after sterilization.

Note: The CDC states that high-speed and low-speed handpieces, handpiece motors, and handpiece attachments should always be heat-sterilized between uses.

### Slide 18 – Sterilization of Handpieces

**Indiana Code** - 410 IAC 1-4-8 Universal Precautions Sec. 8. (d) (2) states that “Heating procedures capable of sterilization must be used when heat stable, non-disposable equipment is sterilized.”

**CDC Guidelines** - From a public health standpoint, the CDC guidelines state that high-speed handpieces, low-speed handpieces, handpiece motors, and handpiece attachments should be heat sterilized between patient use.

**Manufacturer Guidelines** – Most manufacturers recommend heat sterilization of their respective handpieces between patient use.

### Slide 19 - Sterilization of Handpieces

The following is a policy of the ISDH Oral Health Program

CDC guidelines state that low-speed and high-speed handpieces, handpiece motors, and handpiece attachments should be heat sterilized between patient use.

Unless these CDC guidelines are expressly excluded under Indiana law, CDC guidelines need to be followed.

Whether or not a dentist in Indiana is legally required to sterilize these items under IAC would need to be addressed by the Indiana State Board of Dentistry and/or a qualified attorney.

## Slide 20 – Sterilization of Orthodontic Instruments

The following is a policy of the ISDH Oral Health Program

The ISDH OHP considers instruments, pliers, supplies, and any other equipment used in **orthodontic** procedures to be “equipment”

As such, this equipment is subject to the same requirements under the law, rules and regulations, and guidelines for sterilizations as apply to any other equipment used in the practice of dentistry.

## Slide 21 – Heat Sterilization - Monitoring and Documentation

IAC requires the following four **monitoring** activities for heat sterilization to be **documented** in a **written log**:

- 1) **Sterilization Cycle:** Date and time for **each cycle** for **each sterilizer**,
- 2) **Chemical Indicators:** Use and results of chemical indicators with packaged non-disposable items for **each cycle** for **each sterilizer**,
- 3) **Biological Indicators (spore tests):** Use and results of **biological indicators**, such as spore tests, within 7 days prior to any sterilization cycle for **each sterilizer**, and
- 4) **Maintenance:** Date and type of **maintenance** (routine or otherwise) for **each sterilizer** (per manufacture’s recommendations).

## Slide 22– Documentation - Biological Indicators (Spore Tests)

Dental facilities need to have each heat sterilizer tested with a **biological indicator** (spore test) within 7 days prior to the use of that sterilizer.

Although, it is possible for a dental facility to analyze a spore test in the office, most dental facilities use vendors to analyze and provide copies of the results of spore tests.

For dental facilities that use a vendor to analyze spore tests, a copy of the report from the vendor showing the test dates for the spore tests and the results can be used as documentation.

## Slide 23– Documentation - Sterilizer Use / Chemical Indicators / Maintenance

The following other required monitoring activities for heat sterilizers must also be documented:

- 1) Date and time of **each cycle** for **each sterilizer**;
- 2) Appropriate use of results of **chemical indicators** for **each cycle**;





## Slide 26 – Directions for Using Sample Log

For these monitoring activities a log used by the dental facility can be used as documentation.

A log should be kept for each autoclave, with the Autoclave Number recorded on each log sheet in the appropriate box.

Each time an entry is made to the log, it should be documented with the **INITIALS** of the staff member recording the entry, and the **TIME**, and **DATE** of the entry.

### **Sterilization Cycle:**

Each time a sterilization cycle is run it should be recorded. Record a check ✓ in the log to indicate a sterilization cycle was run.

### **Chemical Indicators:**

Each time a sterilization cycle is run one or more chemical indicators should be placed in the autoclave.

Record **P** in the log if **ALL** chemical indicators used during the sterilization cycle passed, or **F** in the log if **ANY** chemical indicator failed.

### **Maintenance:**

Record a check ✓ in the log to indicate maintenance occurred and describe in **NOTES**.

## Slide 27 – Heat Sterilization

The following is a policy of the Oral Health Program - Retention of Documentation

Documentation of the four required monitoring activities for heat sterilization should be maintained a **minimum of three (3) years.**

## Slide 28– Chemical Sterilization

Items requiring sterilization that are **non-disposable** and **heat labile** may be sterilized via chemical sterilization with:

Chemical procedures capable of **chemical sterilization**.

These procedures include proper handling, cleaning, sterilization, and storage.

Note: **Monitoring** and **documentation** of chemical sterilization should be retained for a minimum of **three (3) years.**

### Slide 29 – Chemical Sterilization - Limitations

There are limitations to using chemical sterilization.

Using liquid chemical germicides for sterilization is technically difficult.

The sterilization process with chemical sterilization cannot be verified with biological indicators.

### Slide 30– Chemical Sterilization - Limitations

Because of these limitations, liquid chemical sterilization is **not** recommended for sterilizing dental instruments

If an instrument is heat stable and requires sterilization, it should be heat sterilized.

### Slide 31 – Notes

The ISDH OHP strongly recommends the use of **heat stable items** which can be heat sterilized or **disposable items** which can be discarded

The ISDH OHP **discourages** the use of liquid chemicals for sterilization or high level disinfection.

Note: Items labeled **single use items** are to be disposed after a single use.

### Slide 32 – Infectious Waste

This is a general summary of the Guidelines, Laws, and Rules and Regulations that govern Infectious Waste that is generated in dental facilities in Indiana.

This information is provided for educational purposes only.

Title 410 of the Indiana Administrative Code (IAC), Article 1, Rule 3, gains authority from laws contained in Indiana Code (IC), Title 16, Article 41, Chapter 16.

Note: The CDC and OSHA provide guidelines pertaining to infectious waste in dental facilities that are helpful for clarifying the responsibilities of a dentist/dental facility under 410 IAC 1-3.

### Slide 33 – IAC Categories of Waste

#### **Indiana Administrative Code:**

The Indiana Administrative Code 410 IAC 1-3-10 definitions of **Infectious Waste** include:

- 1) Contaminated sharps or contaminated objects that could potentially become contaminated sharps;
- 2) Infectious waste other than contaminated sharps:
  - a) Infectious biological cultures, infected associated biologicals, and infectious agent stock;
  - b) Pathological waste as defined in 410 IAC 1-3-12;
  - c) Blood and body fluids in liquid and semi-liquid form;
  - d) Body parts, such as extracted teeth and more (see 410 IAC 1-3-10); and finally,
  - e) Any other waste that has been intermingled with Infectious Waste.

### **Non-Infectious Waste.**

### **Slide 34 – OSHA Categories of Waste**

OSHA definitions of **Regulated Waste** include:

- 1) Containment sharps: (or contaminated objects that could potentially become contaminated sharps)
- 2) Regulated waste other than contaminated sharps:
  - a. Liquid or semi-liquid blood or Other Potentially Infectious Material (OPIM);
  - b. Items that would release blood or OPIM in a liquid or semi-liquid state if compressed;
  - c. Items caked with dried blood or OPIM and capable of releasing these materials during handling;
  - d. Contaminated sharps, and finally;
  - e. Pathological and microbiological wastes containing blood or OPIM.

### **Non-Regulated Waste**

### **Slide 35 – Infectious Waste vs. Non-infectious Waste**

When distinguishing between infectious waste and non-infectious waste, and when deciding how to handle each type of waste, a dental facility needs to consider various categories of Infectious Waste. Refer to the resources below:

- Indiana Administrative Code 410 IAC 1-3-10 definitions of **Infectious Waste**,
- OSHA definitions of **Regulated Waste**, and
- CDC **guidelines**.

### Slide 36 – Containment of Infectious Waste Sharps

All persons and facilities shall ensure the containment of Infectious Waste according to Rule 3 so at all times the Infectious Waste is contained in a manner that will protect waste handlers, the public, dental personnel, and patients as stated in the Indiana Administrative Code 410 IAC 1-3-24(a).

### Slide 37 – Containment of Infectious Waste Sharps

Contaminated sharps and contaminated objects that could become contaminated sharps, and more, as described in the Indiana Administrative Code 410 IAC 1-3-24(b), shall be placed in containers that are:

- 1) Leak-proof, rigid, puncture-resistant;
- 2) Tightly sealed to prevent expulsion;
- 3) Labeled with the biohazard symbol; and
- 4) Stored in an appropriate manner.
  - ✓ If untreated in the dental facility, the contaminated sharps and contaminated objects that could become contaminated sharps must be stored in a secured area.
  - ✓ If effectively treated in the dental facility with heat treatment, then may be stored in an unsecured area.

### Slide 38 – Containment of Infectious Waste Non-sharps

Infectious Waste other than contaminated sharps as described in the Indiana Administrative Code 410 IAC 1-3-24(c) shall be placed in containers that are:

- 1) Impervious to moisture;
- 2) Sufficient strength and thickness to prevent expulsion;
- 3) Secured to prevent leakage or expulsion;
- 4) Labeled with the biohazard symbol; and
- 5) Stored in an appropriate manner
  - ✓ If untreated in the dental facility, the Infectious Waste must be stored in a secured area.
  - ✓ If effectively treated in the dental facility with heat treatment, then may be stored in an unsecured area.

### Slide 39 – Labels for Containers with Infectious Waste

Prior to transporting Infectious Waste, whether treated off-site or treated on-site, a dental facility must **LABEL** all Infectious Waste containers with the following:

- 1) Name, address, date, and phone number of the generating facility (dental facility); and
- 2) Name, address, date, and phone number of the treating facility, either the commercial vendor that will treat the infectious waste off-site or the dental facility that treated the infectious waste on-site.

### Slide 40 – Containment Non-infectious Waste

**Non-infectious waste** may be placed in the regular trash and should be labeled “Contaminated Trash”.

### Slide 41 – Non Regulated Waste

Gloves, masks, and patient bibs are not regulated waste unless:

- 1) Caked with blood and/or OPIM, or;
- 2) Blood or body fluid can be squeezed from PPE.

### Slide 42 – Extracted Teeth

#### **Extracted Teeth – CDC Guidelines**

Extracted teeth that are being discarded are considered to be potentially infectious and should be disposed in medical waste containers, with appropriate labeling and logging.

Note: Extracted teeth with amalgam restorations should not be heat treated on-site in the autoclave.

Extracted teeth sent to a dental laboratory should be cleaned, surface disinfected with an EPA-registered hospital disinfectant, and transported in the appropriate manner.

Extracted teeth may be returned to the patient upon request.

### Slide 43 – Extracted Teeth

If extracted tooth is returned to the patient, the OHP considers it the “**BEST PRACTICE**” for an extracted tooth that is returned to a patient to be treated in the same manner that would be used before sending a tooth to a dental laboratory.

Once returned, the patient (or parent/guardian) assumes the responsibility of handling the tooth properly.

### Slide 44 – Storage of Infectious Waste

Infectious Waste that is treated off-site **must** be stored in a **secured area** which is:

- 1) Locked or otherwise secured to prevent public access;
- 2) Protected from adverse environmental conditions;
- 3) Has a prominently displayed biohazard label on the entrance to the secured area;
- 4) Stored in a manner that preserves the integrity of the container; and
- 5) Stored in a manner that is not conducive to rapid microbial growth and subsequent decay.

### Slide 45 – Storage of Infectious Waste

Infectious Waste that is effectively treated on-site may be stored in an unsecured area.

### Slide 46 – Storage of Infectious Waste

Reusable containers for Infectious Waste must be disinfected each time they are emptied unless protected by disposable liners, etc., that are removed with the Infectious Waste.

### Slide 47 – Treatment of Infectious Waste

Facilities subject to Rule 3 shall either:

Have a regulated medical waste hauler (vendor) transport infectious waste to be **treated off-site** and disposed, or

Have the infectious waste effectively **treated on-site**

Note: Infectious Waste that has been effectively treated on-site may be stored, transported, and disposed in the usual manner for waste that is non-infectious.

### Slide 48 – On-Site Treatment

If a dental facility is going to perform on-site treatment of infectious waste, the Oral Health Program considers it “best practice” to use heat treatment with an autoclave or dry heat oven, to sterilize the infectious waste.

This sterilizing equipment should always be used according to the manufacturer’s instructions

### Slide 49 – Records for Infectious Waste

Prior to transporting Infectious Waste, whether treated on-site or treated off-site, a dental facility must keep a **LOG** (or vendor receipts) of ALL Infectious Waste containers with the following information:

- 1) Name, address, date, and phone number of the generating facility (dental facility);
- 2) Name, address, date, and phone number of the treating facility, either the dental facility or the commercial vendor;
- 3) Brief description of the waste
- 4) Brief description of method of treatment; and
- 5) Signatures of the dental facility staff responsible for the Infectious Waste and the employee of the commercial vendor responsible for transporting, providing any required treatment, and disposing of the waste.

### Slide 50 – On-site Treatment and Labeling

Infectious Waste that is treated on-site and disposed of in the regular trash is still subject to the labeling and logging requirements.

### Slide 51 – Removal of Infectious Waste from Dental Facility

Once Infectious Waste has been removed from a dental facility and transported for any required treatment, and/or disposal, then the infectious waste falls outside of the investigative responsibility of the Indiana State Department of Health, Oral Health Program.

## Slide 52 – Written Policies and Updates ~ Universal Precautions

An individual or entity that is a facility operator shall develop a written policy for Universal Precautions with this written policy being UPDATED annually.

This policy should cover Universal Precautions, Rule 4, and Blood Borne Pathogen Standards (OSHA) and mention:

1. The use of Universal Precautions for every patient,
2. Sanctions for failure to use Universal Precautions.
3. No retaliation against a person for filing a complaint for non-compliance

## Slide 53 – Universal Precautions and Patients' Rights

The following is a policy of the ISDH Oral Health Program

Although the law states that the Universal Precautions and Patients' Rights form must be posted or made available, it is the policy of the ISDH OHP that this form should be posted in a location that is easily visible to the patients.

This form may be found on the OHP website at the following address:

[IC-OHP-PtsRights-v2019-06.pdf](#)

## Slide 54 – Annual Training ~ OSHA Blood Borne Pathogens

An individual or entity that is a facility operator is to provide **Annual Training** on OSHA Blood Borne Pathogen to Class I and Class II employees. Also, to Class III if they are cross-trained to work in clinical areas.

This must be at **No Cost** to the employee and during working hours

Maintain **Records** as evidence of this required training and make them available to the Indiana State Department of Health upon request.

\*\*\***NOTE:** this presentation provides information about infection control in dental facilities, but does not fulfill the requirement for annual OSHA training.

## Slide 55 – Facility Operator Responsibilities

Facility Operator must provide proper **Personal Protective Equipment (PPE)** at no cost to employees, including gloves, safety glasses, face masks, and protective clothing.

Facility Operator must **Display** or make available to the public:

1. **Description of compliance** with Universal Precautions education requirements.



2. **Indiana Universal Precautions and Patients' Rights** document.

- a. This form may be found on the OHP website at the following address:  
[IC-OHP-PtsRights-v2019-06.pdf](#)

Note: The OHP considers it “best practice” to display Indiana Universal Precautions and Patients' Rights document in a location readily seen by patients.

**Slide 56 – Annual Universal Precautions Update & Annual OSHA BBP Training**

The annual update of written policies of Universal Precautions (IAC) is often done at the same time as the annual OSHA training in Blood Borne Pathogens (OSHA).

**Slide 57 – Written Policies ~ infectious Waste**

All persons and dental facilities subject to Infectious Waste Rule 3, shall have:

- 1) Written policies and procedures that contain,
  - a) requirements contained in this rule, and
  - b) sanctions in place that provide for discipline and/or dismissal for failure to follow this rule;
- 2) Provide necessary instructions;
- 3) Maintain a record of instructions;
- 4) Make written policies and procedures, and records of instructions **available to the Indiana State Department of Health**, if requested; and
- 5) Provide necessary Personal Protective Equipment (PPE) to those handling Infectious Waste.

**Slide 58 – Legal Considerations**

All dental professionals, operators, and employees of dental facilities are responsible for understanding and complying with all applicable laws and rules and regulations as they pertain to the practice of dentistry in the Indiana.

These laws and rules and regulations are readily available for all to read.

If a dental professional or dental facility needs help in understanding these laws and rules and regulations, then they may consult with their own legal counsel.

**The Oral Health Program at the Indiana State Department of Health cannot provide legal advice**

### Slide 59 – Legal Considerations

The Indiana Code IC 16-41-11-7, provides the right for the Indiana State Department of Health to enter facilities to inspect for possible violations of Universal Precautions.

The Indiana Administrative Code, 410 IAC-1-4-9, assigns the responsibility of investigating complaints, pertaining to Universal Precautions, to the Indiana State Department of Health. For dental facilities, the Oral Health Program and Office of Legal Affairs assume this responsibility.

The Indiana Code IC 16-41-11-9, provides the right for the Indiana State Department of Health to enter facilities to inspect for possible violations Infectious Waste.

### Slide 60 – Complaints

Complaints by a person about Universal Precautions in a dental facility should be filed with the ISDH Oral Health Program.

Complaints by an employee that pertain to the safety and health of that employee should be filed with IOSHA.

### Slide 61 – Complaints

According to Rule 4, Universal Precautions, a person who believes this rule has been violated may file a complaint with the ISDH.

A complaint must be in writing and may be sent to the ISDH OHP either by US mail or via email.

In the case of an EMERGENCY, a verbal complaint will be accepted and an investigation initiated. But the complaint must be put in writing by the department as soon as possible.

The person submitting a written complaint under Rule 4 (Universal Precautions) needs to provide his/her name and contact information, the particulars of the complaint and sign and date the complaint.

### Slide 62 – Investigations

The State Oral Health Director or OHP staff will review **each verbal complaint** to determine whether or not the complaint would likely fulfill the criteria for an investigation

by the ISDH Oral Health Program, if it were put in writing and signed, and if so whether or not it is to be considered an emergency.

The State Oral Health Director or OHP staff will review **each completed written and signed complaint** to determine whether or not the complaint fulfills the criteria for an investigation by the ISDH Oral Health Program (OHP) and if so whether or not it is to be considered an emergency

### Slide 63 – Complaints

ISDH OHP shall comply with the following regarding complaints alleging violations of Universal Precautions.

1. Promptly investigate or cause to be investigated
2. Not disclose name or other identifying characteristics of the person filing a complaint except as otherwise prescribed by 410 IAC 1-4-9
  - a. Unless person consents in writing to the disclosure, or
  - b. Ordered by the administrative law judge or the court.

### Slide 64 – Investigations ~ ISDH Oral Health Program

IC 16-41-16-9 gives ISDH the right to inspect facilities for possible violations of Universal Precautions.

During such an inspection, the OHP also:

1. Reviews the written policies and procedures for containing, labeling, and treating Infectious Waste
2. Reviews the documentation for labeling, logging, etc. associated with handling Infectious Waste.

### Slide 65 – Investigations

- **Initial Notification:** The OHP will communicate with the named dentist, or his or her supervising dentist or employer, informing him/her of the complaint.
- **Initial Visit:** The OHP or agents of the ISDH will conduct an unannounced initial on-site visit.
- **Initial Report:** The OHP will generate a report based on the findings of the initial on-site visit.

### Slide 66 – Investigations

- **Initial Findings:** The OHP will communicate with the named dentist, or his or her supervising dentist or employer, informing him/her of the initial findings based on the initial on-site visit.

#### Slide 67 – Investigations

- **Follow-Up Visit:** After communicating the initial findings, the OHP or agents of the ISDH will conduct one or more unannounced follow-up on-site visit(s).  
Note: Whether a follow-up visit is conducted as part of an ISDH OHP Investigation is at the discretion of the OHP

#### Slide 68 – Investigations

**Outcome of an ISDH OHP Investigation:** At any time during the investigation, the OHP may conclude the investigation, determine the outcome, and communicate this outcome to the named dentist or his or her supervising dentist or employer.

#### Slide 69 – Possible Outcomes ~ ISDH OHP Investigation

**Possible** outcomes include:

- 1) **Emergency:** The complaint or on-site visit indicates an immediate threat to the public health and has been referred to the ISDH Office of Legal Affairs (OLA) for immediate action.
- 2) **Complaint Dismissed:** The complaint was found to not pertain to Universal Precautions or be without merit, or to not meet the guidelines for an investigation by the OHP, and the complaint has been dismissed.
- 3) **Satisfactory Resolution:** The complaint of an alleged violation was found to have merit, but has been satisfactorily resolved.
- 4) **Unsatisfactory Resolution:** The complaint of an alleged violation was found to have merit and has not been satisfactorily resolved in a timely manner and has been referred to the ISDH Office of Legal Affairs (OLA) for further actions and enforcement.

#### Slide 70 – Summary - Investigation of Complaint

The Oral Health Program has a limited role pertaining to Universal Precautions and infectious waste.

The OHP **investigates** complaints by a person alleging violations of Universal Precautions as they pertain to patients and the public.

During these investigations of alleged violations of Universal Precautions, the OHP also reviews the policies and procedures and documentation pertaining to infectious waste of these same dental facilities.

### Slide 71 – Referral to ISDH Office of Legal Affairs

The ISDH OHP will refer an outcome of an unsatisfactory resolution of one or more violations to the ISDH Office of Legal Affairs

### Slide 72 – Office of Legal Affairs

The ISDH Office of Legal Affairs (OLA) communicates to the dental facility what further actions are planned, which may include

- Issue a monetary penalty not to exceed \$1,000 per day, per violation (IC 16-41-11-7)
- Refer documented and unresolved violations to the **Office of the Indiana Attorney General**
- Work with the **Indiana State Board of Dentistry** to help resolve the matter.

### Slide 73 – OSHA and IOSHA

This course is not an OSHA training course and does not qualify as an annual OSHA training!!!

However, we do want to present some basic information about OSHA.

### Slide 74 – OSHA and IOSHA

There is some overlap between Indiana laws and rules and regulations for Universal Precautions and Infectious Waste and federal OSHA and state IOSHA rules and regulations which can sometimes be confusing

The nature of a complaint will determine to which agency (or agencies) the complaint should be filed.

### Slide 75 – OSHA and IOSHA

Occupational Safety and Health Administration is an agency of the US Dept. of Labor

The Mission of OSHA is to assure safe and healthy working conditions, set and enforce standards, and provide training, outreach, education and assistance.

OSHA encourages states to develop and operate their own job safety and health programs.

#### Slide 76 – OSHA and IOSHA

Indiana has its own job safety and health program, referred to as the Indiana Occupational Safety and Health Administration. This program applies to all places of employment in Indiana and regulates blood borne pathogens.

The regulations are located in:

Standards – 29 CFR Part 1910 Occupational Safety and Health Standards;  
1910 sub-part Z, Toxic and Hazardous Substances; and  
1910.1030 Blood Borne Pathogens.

#### Slide 77 – OSHA and IOSHA

IOSHA and OSHA requires employers to:

- 1) Provide blood borne pathogens training to employees annually, on working time, and at no cost to the employees,
- 2) Provide protective equipment to employees at no cost to employees, and
- 3) Provide protective clothing to employees at no cost to the employees. If the protective clothing is not disposable, the employer is responsible for laundering.

#### Slide 78 – OSHA and IOSHA

IOSHA and OSHA accept complaints from employees alleging violations of IOSHA/OSHA rules as they pertain to the safety and health of that employee.

These complaints are to be in writing and are kept confidential. There can be no retaliation or termination for an employee filing a complaint against an employer.

IOSHA and/or OSHA may make unannounced on-site visits and can issue monetary fines for non-compliance.

#### Slide 79 – Notes

The ISDH OHP will not accept a complaint from a current employee that pertains to his/her own occupational safety and health.

The OHP will accept a complaint from a current employee alleging a violation of Universal Precautions that might put patients or the general public at risk.

#### Slide 80 – Conclusion

OHP website and contact information

#### Slide 81 – Appendix

Other resources for infection control in dentistry may be found at these websites.